



## MONTANA JUVENILE PAROLE YOUTH GRIEVANCE FORM

**MAIL TO:**

Youth Community Corrections  
Bureau Chief  
PO Box 201301  
Helena MT 59620-1301

Name: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Street/mailling address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Juvenile Parole Officer: \_\_\_\_\_

Description of Problem:

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What action/remedy are you seeking?

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What have you done to informally resolve this situation?

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Name and telephone number(s) of witness(es) that were involved in or personally witnessed this incident:

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\_\_\_\_\_  
Youth's Signature

\_\_\_\_\_  
Date

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Response:

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\_\_\_\_\_  
YCC Bureau Chief's Signature

\_\_\_\_\_  
Date

( ) I am satisfied with the response of the Youth Community Corrections Bureau Chief.

( ) I wish to appeal the response to the Division Administrator for the following reasons:

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\_\_\_\_\_  
Youth's Signature

\_\_\_\_\_  
Date

Division Administrator's Response:

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\_\_\_\_\_  
Division Administrator's Signature  
Youth Corrections  
PO Box 201301  
Helena, MT 59620-1301

\_\_\_\_\_  
Date